2012 MT TRAUMA SYSTEM CONFERENCE

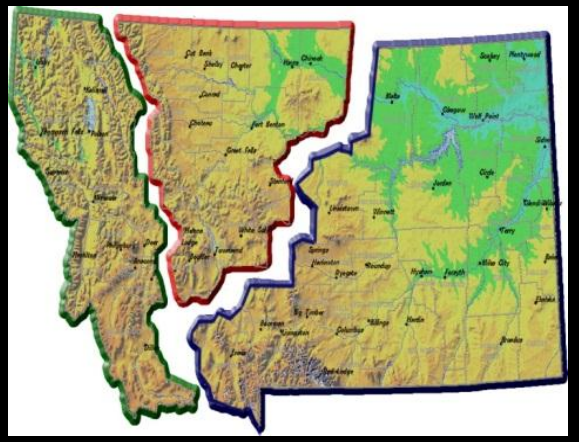
What's New?

DESIGNATION

- **40 facilities designated!!!**

  (up from 8 in 2006!)

- 2 more applications/reviews scheduled
- 11 re-designations to do
- 7 focused reviews

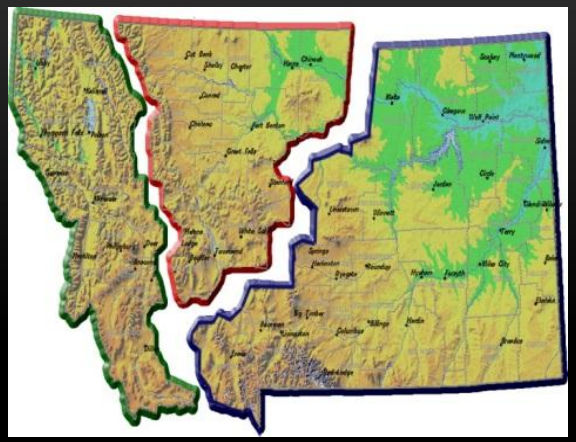


Thanks to our able designation teams;

Kim Todd,RN

Dr. Dennis Maier, Dr. Chuck Rinker, Dr. Doug Schmitz

DESIGNATION



8 Non-CAH

31 Critical Access Hospitals

1 Clinic

ACS Level II/MT Regional TC: 4

ACS Level III/MT Area TH: 3

MT Area TH: 1

Community Trauma Facility: 7

MT Trauma Receiving Facility: 25

TRAUMA REGISTRY INCLUSION & SUBMISSION OF CASES TO STATE REGISTRY;

- ✓ **Include/Submit trauma patient cases meeting inclusion criteria NOT ONLY Trauma Team Activations!**

- ✓ **Same-level fall patients with significant injuries ARE INCLUDED in the Trauma Registry**

  unless isolated hip or pelvic ramus fracture

- ✓ **Single-system (extremity) orthopedic injuries are EXCLUDED except femur fractures**

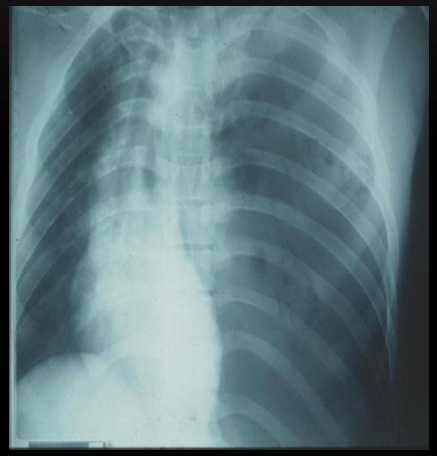
ISSUES FROM DESIGNATION

- ALL Montana facilities treating trauma patients are required to submit cases to State Trauma Registry

  WHETHER DESIGNATED OR NOT

ISSUES FROM DESIGNATION

Performance Improvement;



Progress beyond monitoring documentation to evaluation of and actions taken for clinical care issues

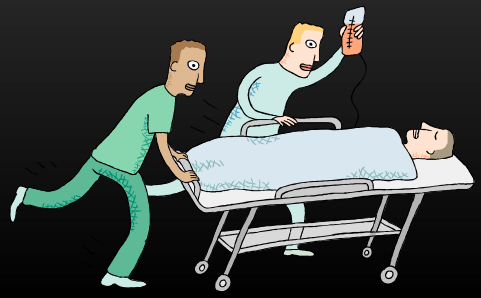
ISSUES FROM DESIGNATION

PI:

- Identify issues: BUT DON"T STOP THERE!
- What next? Committee review? Discussion?
- Need to demonstrate PLAN to address the issues identified
- Implementation of the plan to fix
- Evaluation of effectives: Is it working? How do we know?

FIND IT, FIX IT or ALL IS LOST!

ISSUES FROM DESIGNATION



Over-triage: Activation w/discharge home from ED

OR

Using mechanism/comorbidities to activate for patient not meeting clinical (Physiologic/Anatomic) criteria and patient discharged to home

SOME over-triage is GOOD

Issues;

Wear out limited resources; decrease responsiveness

Overuse of mechanism criteria most common cause

Criteria too NARROW? REVISIT

ISSUES FROM DESIGNATION

Under-triage; No activation and patient transferred to higher level of care, admitted to ICU/OR or died

OR no activation when patient met Physiologic/Anatomic criteria

NO Under-triage is GOOD, so look at ALL cases!

Under-triage Issues;

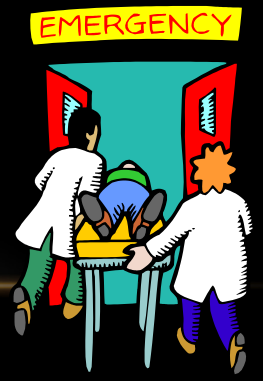
Were resources patient needed available?

Why are criteria being disregarded?

Communications effective or not?

Criteria available to those who need them? EMS/staff

Are criteria too BROAD? Revisit



ISSUES FROM DESIGNATION

- **Differentiating PI from Peer Review**

Performance Improvement- the process whereby an organization monitors, assesses, and modifies the current level of performance in order to achieve better outcomes

Multidisciplinary Trauma Committee;

Trauma Program Performance; assess & correct trauma program process issues including review/documentation of identified QI/PI;

Implementation of *timely* trauma case reviews for identification and documentation of issues in all phases of care and for all levels of care providers, potential solutions for improvements, corrections/strategies for improvement implemented, effectiveness of the corrections/strategies that were implemented and methods for monitoring recurrence of identified (or new) issues (loop closure).

Medical Staff Trauma Care Peer Review;

The process whereby physicians/medical providers evaluate the quality of work performed by their colleagues

Response, appropriateness, timeliness of care,

evaluation of care priorities

Should be conducted as confidential provider process without general committee attendance and reflected in minutes.

ISSUES FROM DESIGNATION

- The Trauma Coordinator should be present whenever trauma care is discussed, whether Trauma Committee PI or Medical Provider Peer Review

MT TRAUMA RESOURCE CRITERIA

- Issued 2006 & used for MT facility designation
- Over time, need to clarify what is expected for valid trauma porgrams at all levels
- Currently PI Subcommittee of STCC reviewing/revising
- Public Rules process

WEB-BASED COLLECTOR

Goals;

- Eliminate paper abstract submission process
- Improve data accuracy
- Provide method for internal data reporting
- NHTSA Funds obtained
- Working on finalization of contract

WEB-BASED COLLECTOR TR

- Digital Innovations designing abbreviated web-based version of Collector
- Orientation of regional “super-users”
- Product Implementation to follow
- Facilities not currently submitting will be expected to implement process now that there’s a better tool

RURAL FLEX GRANT FUNDS, 2012-13

- Coding Modules for:

E-Coding

ICD9, 10 Coding; Procedures & diagnoses

WebEx sessions

Post on website for all

- Support for surgeon site reviews for CAHs

MONTANA TRAUMA TREATMENT MANUAL

- Emulate ND Trauma Treatment Manual; http://www.ndhealth.gov/trauma/resource/default.asp?ID=353
- STCC Education Subcommittee working on components
- Post on-line for all to download & use for;

Trauma Patient Care

Orientation, new staff & Physicians

Orientation, Locums providers & traveler staff

Continuing Education template

CASE REVIEW TEMPLATE: use as guidelines for reviewing cases;

Did we follow the guidelines? Were good decisions made

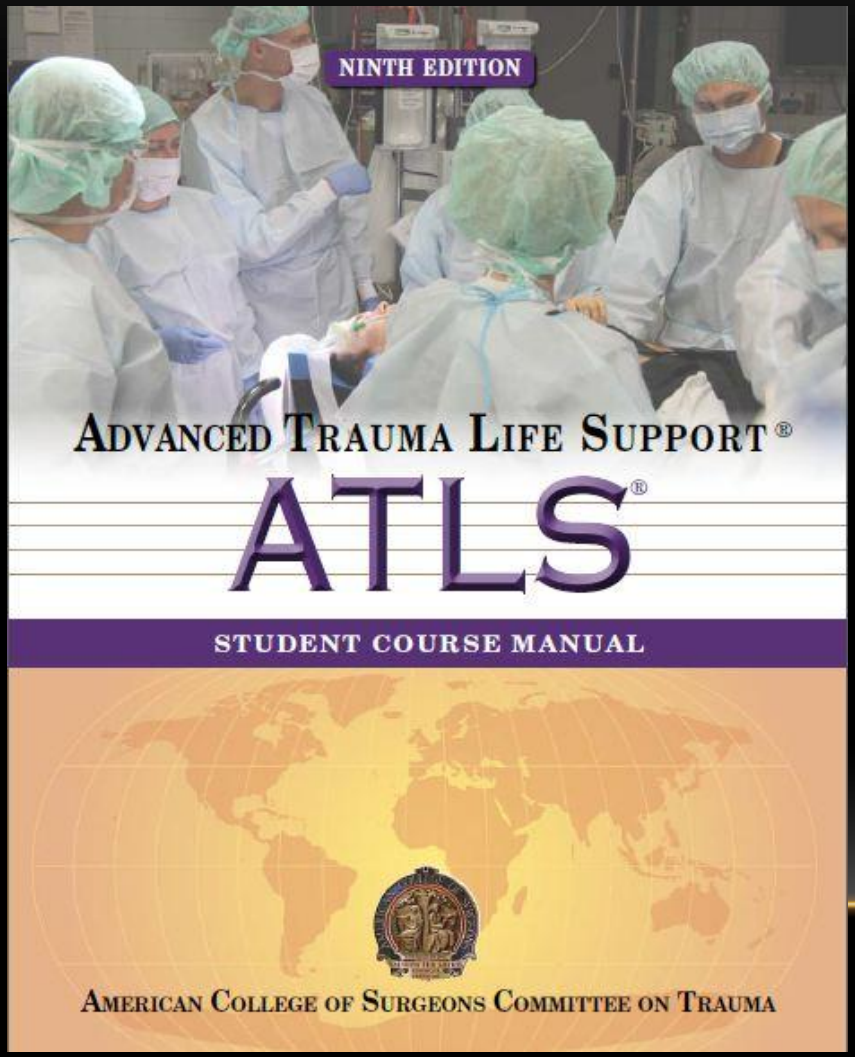
Why/why not and was that acceptable?

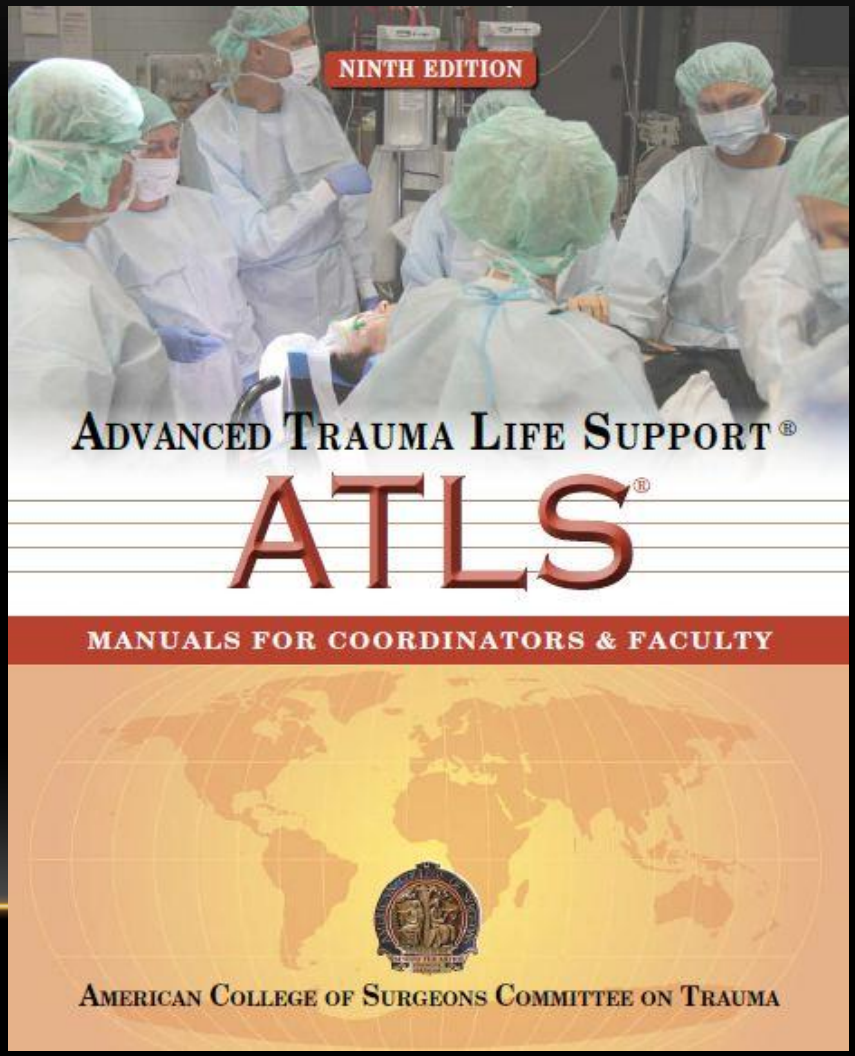
Are there GAPS in our care?

RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT
"GREEN BOOK" TO "HUNTER ORANGE"

- All chapters have undergone:
  - Input solicitation, initial writing/revision
  - 3 editorial reviews/revisions
- Evidence-based linkage to criteria
- Preparation to provide the ACS/NASEMSO Trauma JOC with advanced copies
- Anticipated final delivery date…. ????

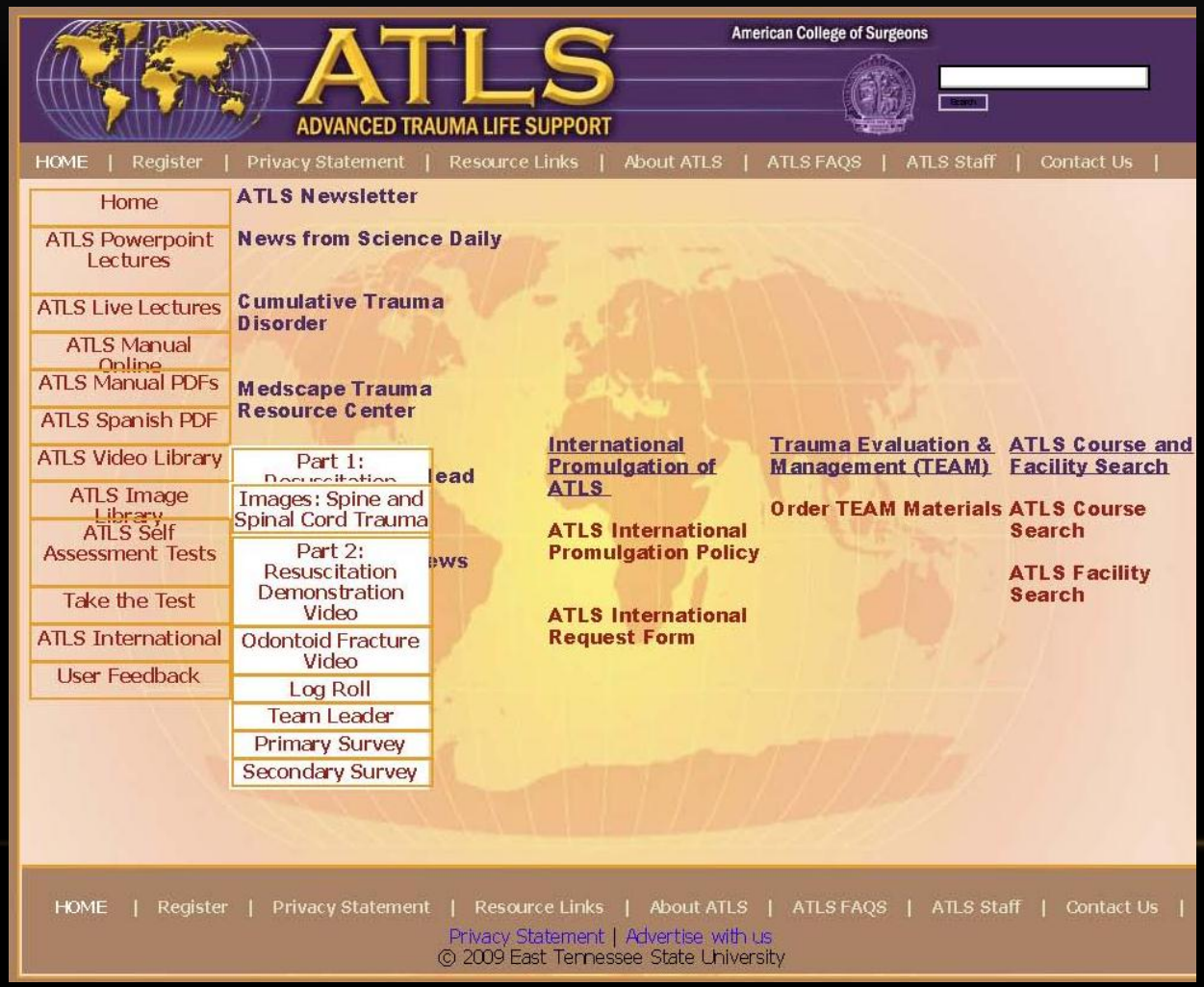
ATLS 9TH EDITION- OCTOBER 2012





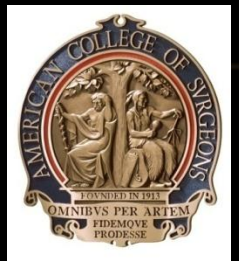
ATLS E-LEARNING

Anticipated release in 2013!



What is the ACS Trauma Quality Improvement Program (TQIP)?

- Provides centers with an indication of their performance relative to other centers (Level I, II)
  - Benchmarks for Mortality, resource utilization, specialized care processes
- What does TQIP provide?
  - Low performing centers: “dashboard warning light”
  - Average centers: “are we as good as we could be?”
  - High performing centers: “best in class”
    - Identifies innovators, who share their best practices



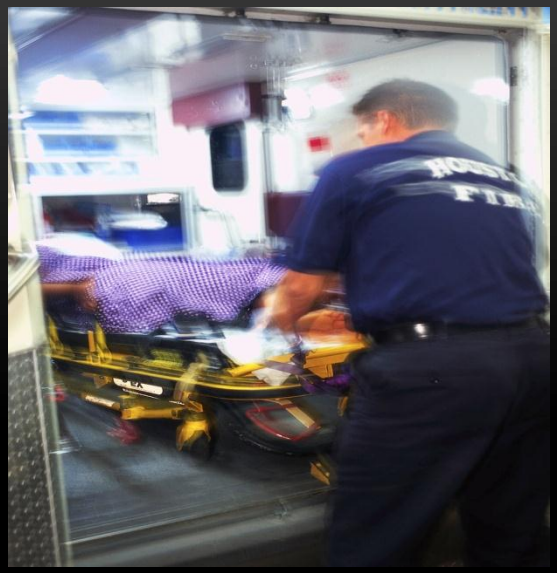
MERGING TQIP AND TRAUMA CENTER VERIFICATION

- Provide for outcome-based trauma center verification/designation process
- Strategic planning underway
  - Business model development &Functional impact analysis
    - High performing centers
    - Low performing centers
    - On site verification reviews vs documentation-based for mature programs demonstrating quality excellence
- Phased-in process

AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

MT THIRD PREVENTABLE MORTALITY STUDY



- Traumatic deaths for 2008
- 1008 initial cases
- Excluding for Non-mechanical trauma, Non-trauma, late effects;

To-date included cases = 440

ALL cases in-put into study Collector

189 cases reviewed to-date

PM STUDY PANEL

Tom Esposito, MD, FACS, MPH, IL

Stu Reynolds, MD, FACS, Havre

Chad Engan, MD, FACS, Great Falls,

Andy Michel, MD, Helena

Freddy Bartoletti, MD, Anaconda

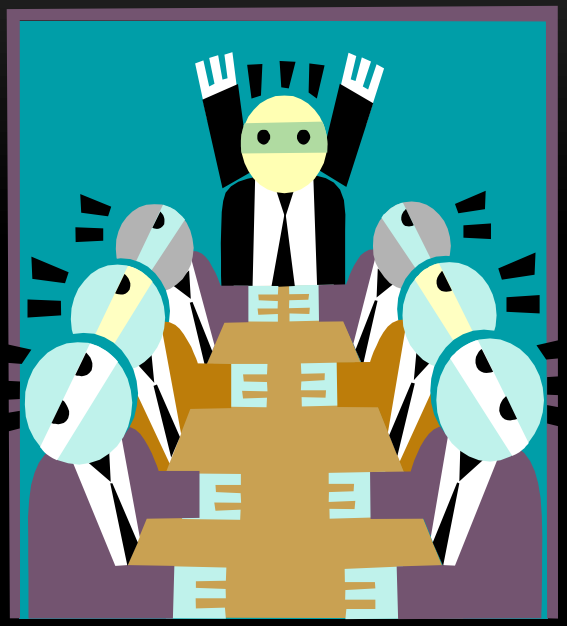
Sam Miller, RN, Bozeman

Chris Benton, RN, Red Lodge

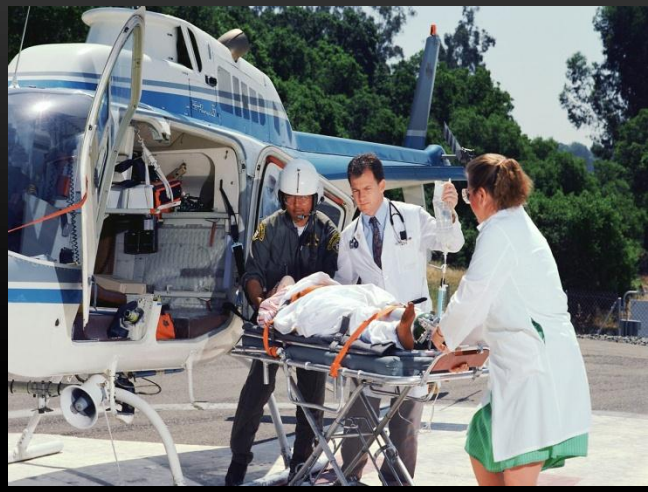
Megan Hamilton, RN, EMT-P, Missoula

Francine Giono, EMT-B, Whitehall

Lauri Jackson, RN, NP, Great Falls



PM STUDY



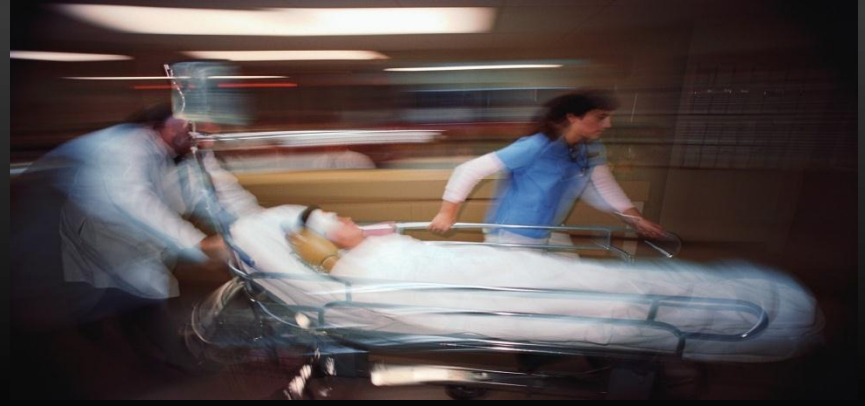
Primary/Secondary reviewers

Assigned for cases;

present cases to group for evaluation/determination/conclusions

- Identify Opportunities for Improvement in phases of care, types of care

PM STUDY



- ✓ PM study conclusions

  as “Golden Few” system priorities
- ✓ Even worst outcomes have opportunities for improvement
- ✓ HAVE WE MADE A DIFFERENCE?
- ✓ WHERE SHOULD WE PUT OUR BEST EFFORTS FOR SYSTEM PI?
- ✓ ? FUNDING leverage?

PM STUDY "FRONT-RUNNER ISSUES" SO FAR……

- Inconsistent EMS documentation on deceased patients
- Inconsistent ED documentation
- Inconsistencies in trauma care for elderly injured patients
- Inconsistencies in trauma care for children
- Fluid resuscitation & blood product administration: LOTS of crystalloid infusion
- Lack of attention to temperature monitoring, warming measures, normothermia